

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							10/543193						
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	14												
TOTAL DEP.	1												
TOTAL CLAIMS	15												

14	↓	↓	↓
1	←	←	←
15	██████████	██████████	██████████

100	↓	↓	↓
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